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AUTHOR Weikle, Julia E.
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ABSTRACT

This digest examines the ways in which self-talk, or inner speech, can help change people's health states. The digest first examines research theories that underpin the concept, then discusses the development of a positive mental attitude, and finally offers some conclusions as to how individuals can best face challenges through taking an active role in deciding what to think. This involves enhancing the positive messages people send themselves but also involves being realistic, identifying the causes for whatever is negative and understanding it as a signal to act. (NKA)

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Indiana University
2805 E. 10th St., Suite 150
D84
Bloomington, IN 47408-2698
(812) 855-5847

Self-Talk & Self-Health

by Julia E. Weikle

This digest examines the ways in which self-talk, or inner-speech, can help change people's health states. Communication and medical professionals have researched the psychophysiological components of self-talk, to conclude that what people say to themselves does affect their ability to combat and ward off illnesses. Individuals can tap into the power of their own self-talk by recognizing it for what it is, reducing harmful negativity, and increasing the number of positive internal messages.

Research Theories

To determine "where" and "how" self-talk fits into the scheme of intrapersonal communication, and communication as a whole, some definitions must be derived. The reality of emotional choice—that people have definite control over their emotional state—is known in various circles as self-talk, intrapersonal communication (IAPC), imaging, and visualization (Weaver and Cottrell, 1987). Self-talk is part of IAPC, but the part cannot be equal to the whole.

Having concluded that self-talk and IAPC are separate but related, what is IAPC? Shedletsky (1989) places it into the traditional model of communication, but all elements of "sender," "receiver," and "transmitter" are carried out within individual people. Pearson and Nelson (1985) expand that definition as follows: Intrapersonal communication is not restricted to "talking to ourselves"; it also includes such activities as internal problem solving, resolution of internal conflict, planning for the future, emotional catharsis, evaluation of ourselves and others.

Fletcher (1989) adds the physiological dimension to IAPC. Fletcher defines, "Intrapersonal communication. . . is the process interior to the individual by which reality evolves and is maintained." It is a process which involves other parts of the body including the nervous system, organs, muscles, hormones, and neurotransmitters. IAPC, as well as the internal thoughts and language associated with it, serve as another "control" system in the body, on much the same level as the body's other systems. This is the beginning of the mind-body, or psychophysiological, connection.

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Julia E. Weikle is Executive Director of Greenbrier Community Services, a private, non-profit social services organization, in Lewisburg, West Virginia.

Medical professionals are beginning to take note of mind-body interrelationships in their treatment of patients. The basis of this is the recognition of the functions of inner speech. These functions are to:

- coordinate other connective sensory and motor functions within the brain
- to integrate and link the individual to the social order
- to regulate human behavior through spoken language
- to provide for human mentation as reflected in mental processes and activities (Korba, 1989).

Self-talk is a health behavior that has potentially far-reaching effects. Although it will most likely be used by those who have a high internal locus of control and place a high value on health, it can also help relatively healthy people in health "maintenance" programs. Self-talk is categorized as being positive or negative. As its label implies, positive self-talk has good implications for people's mental and physical well-being. However, the negative is not all bad. The key to using self-talk is to strive for an appropriate balance (which is a tenet of holistic medicine itself) between the two. The use of positive self-talk has been linked to the reduction of stress. Less stress, in turn, can effect other positive health changes.

Self-talk, like thoughts, is not neutral because it triggers behavior in either a positive or negative direction. Both thoughts and self-talk are based on beliefs—which "can exist with or without evidence that they are accurate" (Grainger, 1989)—which are formed early in life. Beliefs shape our self-talk, which in turn affects our self-esteem.

However, negative thinking as the "thinking of choice," may not be so bad, because it heightens people's sensitivity to the situation they are facing. They are likely to think more clearly. Grainger says, "Negative thinking, then, is the most productive, the most useful, and the healthiest thinking to adopt *when risk is high.*"

Instead of categorizing negative self-talk as "negative," it might be better to call it "logical and accurate" self-talk. Braiker (1989) emphasizes the "responsible" use of self-talk. She warns against confusing positive inner dialogue with positive thinking, happy affirmations, or self-delusions. Logical, accurate self-talk recognizes personal short-comings,

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but also modifies them to help people define a plan of correction.

Developing a Positive Mental Attitude

A positive mental attitude as a basis for self-talk does not require self-delusion. The development of optimistic thought patterns requires essentially three things: recognizing self-talk for what it is, dealing with negative messages, and harnessing the positive for the greater good of individual persons. By using inner speech, people can influence their health states, but the benefits potentially reach beyond that. To make self-talk positive, people must change what goes into their subconscious. All this hinges on recognition of inner messages.

Levine (1991) expands on the idea of noticing thought patterns. Regardless of the thought type (positive or negative), she suggests people reflect upon the antecedents to and the feelings about the particular thought. When people determine which thoughts improve their sense of well-being, they can make those thoughts occur more frequently.

Again, this does not imply that people who practice positive self-talk will be a group of "happy campers." Negative inner speech can and does play a constructive role in helping people create better realities for themselves. As was previously stated, negative thoughts can trigger warning signals in high-risk situations. The object is to deal with the underlying message, and then move to correct the situation. Negative self-talk, like its label implies, has a downside as well.

McGonicle (1988) categorizes "harmful" negativity as being "awfulistic" (everything is catastrophic), "absolutistic" (using "must," "always," "never"), or should-have self-talk ("I 'should have' done this"). These also are found on what Braiker lists as "cognitive traps." Other elements include: all-or-nothing thinking; discounting the positive; emotional reasoning; and personalization and blame. Levine suggests examining "seedthoughts," sometimes mindlessly-used cliches, for negative elements—either emotion or health-related. For example, thinking "I'm a nervous wreck," "I'm eaten up with anger," "That disease runs in my family," and "Only the good die young" can undermine any positive thinking people try to achieve. Therefore, individuals must replace these thoughts with something more constructive.

In a society where people (especially females) are taught to downplay their good points, developing positive self-talk might be difficult at first. It necessitates a "reality-check." Most of the time, people are a lot "better" (performance/health-wise) than they previously concluded. The development of positive personal speech requires that people take active roles in shaping events in their lives, not let life just "happen" to them. Keeping a journal, using your name as you talk to yourself, and releasing pent-up feelings are some of the ways Levine recommends becoming aware of and constructively using thoughts.

Relaxation is also conducive to positive thinking. The flipside of that is to reduce stress. Stress cannot be eliminated, but it can be managed. This can be done by sharing feelings with another and confronting any conflict early on, before the situation gets out of hand. Relaxation and less stress clarify and change inner dialogues for the better which can effect like changes in health states.

Conclusions

Self-talk has been shown, in research by medical and communication professionals, to have psychophysiological underpinnings. Thought patterns generated by self-talk affect health-states. What studies have shown has been supported by doctors and patients alike. People can begin to harness the power in their minds by taking an active role in deciding what to think, enhancing the positive messages they send themselves. It also involves being realistic, identifying the causes for any negativity, realizing it is a signal to act. By doing so, people can face challenges—health-related or otherwise—with the knowledge they can succeed if they literally "put their minds to it."

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